

## JUVENILE SECURE CUSTODY QUARTERLY REPORT

Facility: \_\_\_\_\_

Dates Covered: \_\_\_\_\_ 1/1/13 – 3/31/13 \_\_\_\_\_ 4/1/13 – 6/30/13 \_\_\_\_\_ 7/1/13 – 9/30/13 \_\_\_\_\_ 10/1/13 – 12/31/13

Person Completing Report: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification: This form must be signed certifying the accuracy of the information provided

Facility Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Forward quarterly to [rnrconsult@cablone.net](mailto:rnrconsult@cablone.net) or [juvenilemonitoring@aum.edu](mailto:juvenilemonitoring@aum.edu), or fax to 256.782.2298

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Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Name of Facility \_\_\_\_\_

Date \_\_\_\_\_

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